Under the Pape	rwork Reduction Act of	1995, no person are i	equired to	respond to a collection				control numbe
Effective on 12/08/2004.				Complete if Known Application Number 10/566,330-Conf. #5046				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4518).						eptember 11, 2006		
FEE TRANSMITTAL						rwin Knott		
For FY 2009					. T. Lam			
Applicant claims small entity status. See 37 CFR 1.27				Attonit				
TOTAL AMOUNT OF PAYMENT (\$) 940.00				Attorney Docket	0075.70110US00			
METHOD OF P	AYMENT (check	all that apply)						
Check X Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 23/2825 Osposit Account Name: Wolf, Greenfield & Sacks, P.C.								
For the ab	ove-identified depo	sit account, the D	Director is	hereby authorize	ed to: (chec	k all that apply)		
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULA	TION							
1. BASIC FILING,	SEARCH, AND EX	CAMINATION FE	ES					
	FIL	ING FEES	SE	ARCH FEES	EXAMIN	ATION FEES	;	
Application Typ	e Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	ald (\$)
Utility	330	165	540		220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330		170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAI				•	•	-		Small Entity
						Fee (\$)		
Each claim over 2				52	26			
Each independent claim over 3 (including Reissues)							220	110
Multiple dependent claims							390	195
Total Claims Extra Claims Fee (\$)				ee Pald (\$) Multiple Depe			Fee Paid (\$	
HP = highest number	r of total claims paid for	if greater than 20.	_		10	6.131	1001010	1
Indep. Claims	ee Paid (\$)				_			
	or HP =	× =						
HP = highest number	r of independent claims	peid for, if greater th	an 3.					
3. APPLICATION								
	on and drawings en 37 CFR 1.52(e)),)
	tion thereof. See 3					inity) for each	additional 5	·
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
	- 100 =	/50 =		(round up to a who	ole number)	×	*	
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00								
Other (e.g., late filing surcharge): 1231 Extension for response within his month. 130.00 1801 Request for continued examination (RCE) (see 37 810.00								
A STATE OF THE STA								
SUBMITTED BY Signature	1-00 . 40	90- 00-1	01	Registration No.	29.409	Telephone	617.646	8000
Signature William N. Pricklettin (Attorney/Agent) 25,700 Toophan OTT. 070.0000								
Name (Print/Type) William R. McClellan Date September 3, 2010								

Certificate of Electronic Filing Under 37 CFR 1.8							
I hereby certify that this paper (along with any paper refe	rred to as being attached or enclosed) is being transmitted via the Office electronic filing						
system in accordance with § 1.6(a)(4).	\sim \sim \sim \sim \sim						
Dated: September 3, 2010	Signature Saule K Fairwesther)						
Datoe: Coptains of a 11							